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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (93-47)//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(930453)-BRANCH HOSPITAL ADAK SAVES WORKER'S LIFE
(930454)-CHAMPUS CLAIMS DEADLINE -- PART THREE
(930455)-CO NAVHOSP CAMP LEJEUNE AWARDED LEGION OF MERIT
(930456)-MSC OFFICER RECEIVES SAFE CAREER ACHIEVEMENT
(930457)-NMC SAN DIEGO AND NPMC BETHESDA RECOGNIZED BY CHINFO
(930458)-NO U.S. CITIZENS RECEIVED TAINTED GERMAN BLOOD
(930459)-HEALTHWATCH: LEAN MEN LIVE LONGER, STUDY SHOWS
(930460)-HIV AND YOU!
(930461)-MSC'S SPONSOR ACHE "DIPLOMATE" STUDY GROUP (PARA 4)

HEADLINE: Branch Hospital Adak Saves Worker's Life

BRHOSP Adak, AK (NSMN) -- Branch Hospital Adak's normal working hours had just ended and most of its staff secured, but something out of the normal would send the hospital medical team rushing back to work. It was Friday, 3 December, about 1645, when an urgent call was received at the branch naval hospital.

Moments earlier, a 49-year-old civilian worker had been found by his coworkers; he was crushed between two Conair boxes down at the pier. His coworkers quickly arranged to have one of the boxes moved, allowing the man to be freed. As he slumped to the ground, the others realized he had sustained life-threatening injuries and immediately called Branch Hospital Adak for emergency medical assistance.

The branch hospital dispatched an ambulance with emergency medical technician H1 Jeffery Hughes aboard. Upon arrival at the pier, Hughes assessed the patient and relayed to the hospital that he recommended assembling the emergency "Code Blue" team, which includes the specialists and support staff necessary to deal with major trauma, including cardiac arrest.

The team was aboard and waiting when the ambulance arrived back at the hospital five minutes later. As the physicians, nurses, corpsmen and support personnel fervently worked to save the patient's life, arrangements for an air ambulance were being thwarted due to severe weather conditions. The extensive injuries required bilateral chest tubes and a respirator, which made a C-130 also out of the question.

Faced with an unstable, critically injured patient and no immediate transportation available, the staff had to provide life-saving care usually unavailable at the small branch hospital. For the next 17 hours, the patient and the hospital staff battled the overwhelming traumatic injuries, which included a pelvic fracture, bilateral fractured ribs, pulmonary contusions, a right shoulder separation and a possible head injury.

Although the branch hospital is not outfitted with all the equipment necessary to care for injuries of this extent, through dedication, innovation and resolve, staff members created the care necessary to save the patient's life.

On Saturday, 4 December, weather conditions had improved and the patient was sent to Providence Hospital in Anchorage, Alaska, via air ambulance. He is currently doing well and is expected to recover from his injuries.

Story by ENS Kendra Scroggs, MSC, NAVHOSP Bremerton, WA

-USN-

HEADLINE: CHAMPUS Claims Deadline -- Part Three

BUMED Washington (NSMN) -- Service families and providers of care will have some extra time -- until the end of 1994 -- to file CHAMPUS claims for care received or provided in 1993, according to Defense Department officials. This is the latest revision -- and, hopefully, the last -- in implementing the new deadlines for filing CHAMPUS claims. In years past, claims for care received during one year could be submitted anytime up to the end of the following year. The new policy is that claims must be submitted within one year of the receipt of care, or, for inpatient care, within one year of discharge from the treatment facility.

Originally, the change was to become effective 1 January 1994, as reported in Naval Service Medical News 93-40 of 22 October 1993. Then it was noted that the Federal Register of 1 October 1993, setting the law, said: "For all services provided on or after January 1, 1993, to be considered for benefits, all claims submitted for benefits must ... be filed with the appropriate CHAMPUS contractor no later than one year after the services are provided. Unless the requirement is waived, failure to file a claim within this deadline waives all rights to benefits for such services or supplies."

Naval Service Medical News 93-42 of 5 November reported on that change, which has since been repealed by the Assistant Secretary of Defense for Health Affairs because the 1 January 1993 "start" date did not give beneficiaries and providers enough notice of the change. The final word on when claims are due was released on 15 December 1993 by the Office of the Civilian Health

and Medical Program of the Uniformed Services (OCHAMPUS).

"Beginning 1 January 1995," said the release, "claims will be denied if they are received more than one year from the date on which the service was provided, or more than one year from the date of the patient's discharge for inpatient care. This means that claims for medical care that occurred in 1994 must be submitted within one year of the date of the service or the date of an inpatient's discharge."

To ensure that beneficiaries and providers are not adversely impacted by the change in filing guidelines, the release reported that "Defense officials have decided that people who received (or provided) care any time in 1993 will have until 31 December 1994 to get claims into the hands of the appropriate contractor for processing."

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HEADLINE: CO NavHosp Camp Lejeune Awarded Legion of Merit

NAVHOSP Camp Lejeune, NC (NSMN) -- On 14 December 1993 CAPT Michael L. Cowan, MC, USN, was awarded the Legion of Merit. It was presented to him on behalf of the President of the United States by BGen L.H. Livingston, USMC, commanding general of Marine Corps Base Camp Lejeune.

Cowan received this high decoration for his exceptionally meritorious conduct in the performance of outstanding service as force medical officer on the staff of commander, Naval Surface Force, U.S. Pacific Fleet from July 1991 through July 1993. During this period, his exceptional leadership vastly improved every aspect of health care for Surface Force Pacific Fleet sailors and their families. Also, his brilliant and innovative policies were cornerstones that greatly enhanced the training of health care professionals, quality assurance and patient care.

Additionally, Cowan was assigned and excelled as the initial Unified Task Force surgeon for Operation Restore Hope. In Somalia, he brilliantly established and led the medical care system for more than 25,000 United States and foreign coalition forces.

Cowan assumed his present duties as commanding officer, Naval Hospital Camp Lejeune, on 1 September 1993.
Story by HMCM David L. Martin

-USN-

HEADLINE: MSC Officer Receives SAFE Career Achievement

CAPT Hal Pheeny, MSC, executive assistant to the deputy surgeon general, recently received the SAFE Career Achievement Award in recognition of the significant contributions in the field of safety he has made throughout his career.

The SAFE Association is dedicated to the preservation of human life. It works toward this goal by stimulating research and development in the fields of safety and survival and by disseminating pertinent information to concerned individuals in government and industry. SAFE provides a common meeting ground for the sharing of problems, ideas and information among members of the SAFE Association and the scientific communities related to safety and survival.

Pheeny was presented his award on 8 November at the SAFE Association's 31st Annual Symposium.

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HEADLINE: NMC San Diego and NNMCMC Bethesda Recognized by CHINFO
BUMED Washington (NSMN) -- The Navy's Chief of Information (CHINFO) recently announced the winners of the 1993 CHINFO Merit Awards. Mr. H. Sam Samuelson, deputy public affairs officer for Naval Medical Center San Diego, earned the prestigious Print Journalist of the Year award. Also among the winners were JO2 Sue Roland, of the National Naval Medical Center Bethesda, MD, who earned honorable mention in the sports articles category, and NNMCMC Bethesda's Journal, which earned honorable mention in the civilian enterprise newspaper category.

Samuelson will go on to represent the Department of the Navy in DOD's Thomas Jefferson Awards competition, to be judged 14-18 February at the Defense Information School, Fort Benjamin Harrison, IN.

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HEADLINE: No U.S. Citizens Received Tainted German Blood

SUBHEAD: Investigation of third company continues

Some DOD-associated persons could be at risk

DOD Washington (NSMN) -- U.S. European Command Surgeon General's Office has announced the completion of the investigation of the German company, UB Plasma. All recipients of German blood products from UB Plasma have been identified and none are U.S. citizens. This information came from a meeting held 1 December 1993 in Germany with the German State Secretary in the Ministry of Health, the U.S. Embassy Deputy Chief of Mission and Science Officer and the U.S. European Command Surgeon. Donations from all 11 (eleven) HIV-positive or possibly positive donors have been traced. Investigations also show the UB Plasma shipments to a second company, AB-O Plasma, were all negative.

The state investigation of a third company, Haemoplas, will be completed within two weeks. Any persons identified in the continuing investigation as having received contaminated plasma will be aggressively tracked, notified and tested.

The only U.S. citizens that are thought to be at risk are those who received German plasma products in German civilian hospitals. Any DOD-associated persons who are still concerned and received a transfusion in a German civilian hospital can be tested for HIV and hepatitis in any DOD medical treatment facility.

Story released as Memorandum for Correspondents, No. 262-M, by Department of Defense Public Affairs on 3 December 1993

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HEADLINE: HEALTHWATCH: Lean Men Live Longer, Study Shows

AMA Chicago, IL (NSMN) -- A 27-year follow-up of middle-aged men found that those who were the heaviest had an increased chance of mortality, according to a study in this week's Journal of the American Medical Association.

I-Min Lee, MBBS, ScD, of the Harvard University School of Public Health, and colleagues, used the Harvard Alumni Health Study to investigate the nature of the relation between body weight and all-cause mortality among 19,297 men who matriculated at Harvard University between 1916 and 1950.

They write: "Body weight represents an important determinant of mortality. After accounting for smoking and illness-related weight loss, the lean do not experience greater mortality. Indeed lowest mortality was observed among alumni weighing, on average, 20 percent below the U.S. average for men of comparable age and height. Thus, the upward trend in recommended desirable weights appears unjustified by these data."

The study group was established when 21,582 Harvard alumni responded to mailed questionnaires in either 1962 or 1966. The mean age of the respondents was 46.6 at the time they first answered questions about their medical history and health practices.

The researchers followed up on the subjects by using the Harvard Alumni Office weekly roster of deceased alumni. The primary end point of interest in the present study was all-cause mortality occurring after return of the 1962/1966 questionnaire through 1988.

The subjects were studied according to their body mass index (BMI), which was determined by dividing weight in kilograms by height in meters squared.

The researchers write: "The lowest mortality was in men with a BMI of 23.5 to less than 24.5. Men in the heaviest fifth of BMI (26.0 or greater) experienced a significantly higher risk of dying during follow-up than men in the lightest fifth (less than 22.5) (Relative Risk [RR] 1.12). When we further adjusted for cigarette smoking habit and physical activity, we again found lowest mortality among men with a BMI of 23.5 to less than 24.5. Increased mortality risks among the heaviest fifth now was accentuated somewhat (RR 1.18)."

They also reported: "To achieve more optimal control of confounding by cigarette smoking and bias from illness-related weight loss, we restricted analyses to alumni who reported never smoking in 1962/1966, and omitted the first five years of follow-up. ... The lowest mortality was experienced by the lightest fifth of alumni. The heaviest fifth, meanwhile, had 1.67 times the mortality risk of the lightest fifth."

They say further: "Compared with men less than 102 percent of desirable weight, risk of dying did not increase significantly for heavier men until they reached 120 percent of desirable weight. However, when examining cardiovascular disease mortality, even those at 102 percent to 106 percent of desirable weight experienced significantly higher risk, while men weighing 120 percent or greater of desirable weight faced 2.54 times the risk of dying from this disease than their colleagues at less than 102 percent of desirable weight."

(EDITORS NOTE: The Healthwatch in NSMN 93-35 of 17 September discusses BMI in lay terms.)

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HEADLINE: HIV and You!

BUMED Washington (NSMN) -- A guide for commanding officers and officers in charge of HIV-infected members will soon be published and disseminated throughout the Department of the Navy. The purpose of the guide is to assist supervisors with Navy policies and procedures that must take place when a member of their staff tests positive for the human immunodeficiency virus (HIV). The following is an excerpt from this guide: within approximately 30 days of an HIV-infected member arriving at your command for duty, a preventive medicine order (PMO) will arrive from BUPERS, in an envelope marked, "sensitive for commanding officers eyes only."

It is the responsibility of the commanding officer to ensure that the PMO is signed by the HIV-infected member and a witnessing officer. The witnessing officer should be someone other than the commanding officer, such as the executive officer, so that in the event of a violation of the PMO, the commanding officer can provide captain's mast.

The original signed PMO is to be returned to BUPERS. A copy should be provided to the HIV-infected member and a copy retained in the executive officer's safe until the HIV-infected member is transferred from your command.

The PMO is not to be confused with the counseling statement that the HIV-infected member may have signed at the hospital during either initial or follow-on treatment. The PMO is a legal order that the HIV-infected member must obey. The hospital counseling statement is not an order. It is an advisory -- the HIV-infected member's physician has informed him or her of the potential for transmission of the HIV infection.

If you receive a PMO for a member not assigned to your command, simply write across the top of it "not assigned to this command" and return it to BUPERS. Do not attempt to forward a PMO.

For more information or to become a Navy-certified HIV prevention instructor, call the Navy HIV Program at DSN 295-0048; (301) 295-0048.

Story by LCDR Catherine Wilson, NC, USN

Surgeon General's Representative for HIV Education Policy

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 11-13 February 1994, AMA's 1994 National Leadership Conference, San Francisco: "Leadership for Medicine in Transition." U.S. Surgeon General Joycelyn Elders has accepted the AMA's invitation to speak at the conference. For more information or to register, call 1-800-262-3211.

-- 25 February - 4 March 1994, 35th Navy Occupational Health and Preventive Medicine Workshop. For information, contact CAPT Richard L. Buck, (804) 444-7575, extension 451.

-- 29-31 March 1994, Sea-Air-Space Exposition, Sheraton Washington Hotel, Washington, DC. For information, contact Pamela Broberg, Navy League of the United States, (703) 528-1775.

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HEADLINE: Charleston MSCs Sponsor ACHE "Diplomate" Study Group
NAVHOSP Charleston, SC (NSMN) -- Endorsed by South Carolina's Regent for the American College of Healthcare Executives (ACHE), medical service corps officers from Naval Hospital Charleston have organized South Carolina's only ACHE "Diplomate" study group.

The group is comprised of 35 health care administrators throughout the state (eight of whom are Navy MSCs) who meet approximately twice per month to review accreditation preparation materials and study briefs. Since members are geographically dispersed, a written brief for each of the major study topics is prepared and mailed to those unable to attend.

The group was formed in October and will disestablish itself in April, when the ACHE brings the "Diplomate" examination to Charleston. Anyone interested in obtaining more information about the program, or taking the exam in Charleston on 29 April 1994, should contact LT Ron Gimbel at (803) 743-7252, DSN 563-7252.

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5. Events occurring 18-31 December, and events and observances for the month of January (updates listing issued in NSMN 93-46).
DECEMBER

- 21 December: First day of Winter
- 21 December 1975: Congress Passes Metric Conversion Act
- 25 December: Christmas Day
- 26 December: Whiner's Day
- 26 December - 1 January: Kwanzaa
- 31 December: New Year's Eve

JANUARY

- National Volunteer Blood Donor Month
- 1-7 January: Universal Letter Writing Week
- 4 January: Trivia Day
- 5 January: Public Information Day
- 10 January: Clean Off Your Desk Day
- 11 January 1964: U.S. Surgeon General Luther Terry issued first government report that smoking may be hazardous to health
- 15 January 1929: Martin Luther King Jr. born
- 17 January: Holiday -- King's Birthday Observed
- 20 January: E-7 Advancement Exam
- 20 January 1914: First Naval Air Station established, in Pensacola, FL
- 21 January 1954: First nuclear-powered submarine, USS Nautilus, launched in Groton, CT
- 21 January: National Hugging Day
- 23 and 29 January: Sight Saving Sabbaths
- 23-29 January: National Glaucoma Awareness Week
- 24-28 January: National Back Health Week
- 28 January 1915: U.S. Coast Guard established
- 31 January: LT FitReps Due

31 January: E-1, E-2, E-3 Evaluations Due
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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS
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